

Information for Parents of Children With Hearing Loss



*Virginia's Resource Guide
for Parents*





*Virginia Department
of Health*

*Virginia Department
of Education*

*Virginia Department
for the Deaf and
Hard of Hearing*

*Virginia's Early Intervention System
Virginia Department of Mental Health,
Mental Retardation and Substance
Abuse Services*

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and Hard of Hearing*

Virginia's Early Intervention System: Babies Can't Wait

*Virginia Department of Mental Health,
Mental Retardation and
Substance Abuse Services*

Words of Wisdom

*Throughout this booklet,
you will find quotes
from individuals who are
hard of hearing or deaf
for parents who have recently learned of
their child's
hearing loss.*

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*"Here is my advice to you parents
with deaf children.*

*It is important for you to learn how
to communicate with them
and how to make them happy,
not feeling lonely.*

*Just make them feel as they are
a part of the family.*

*Once in a while they may
take things personally and feel
they are left out but you parents
have to be patient with them.*

*Telling them the truth is all
that they want to know.*

*Be honest with them,
also yourself too.*

*If they have sisters or brothers
tell them about your child's
hearing loss."*

Jamon (age 14)

Introduction

Virginia's Resource Guide for Parents has been created for families who have recently learned of their child's hearing loss. Many people contributed to the content. The guide answers some of the most commonly asked questions and includes information about hearing loss, amplification, communication options, early intervention services, and connecting with other resources. We hope the information contained in this guide will be helpful as you begin learning more about your child's hearing loss and the many resources and opportunities available to you and your child. Some of the best information comes from other parents of children with hearing loss and individuals who are, themselves, deaf or hard of hearing.

Virginia's Newborn Hearing Screening Program

Your child may have been identified with hearing loss as a result of Virginia's Newborn Hearing Screening Program, which is the responsibility of the Virginia Department of Health (VDH). In 1998, a law was passed that requires that all infants born in hospitals in Virginia be given a hearing screening before discharge and that hospitals report the results to the parent, to the child's primary health care provider, and to VDH. When children are identified with hearing loss early and receive intervention services to help develop signed or spoken language, they have the best chance to learn.

The VDH is working with other state agencies, professional organizations, persons who are deaf or hard of hearing, parents, and others to achieve the goal of finding children with hearing loss by the age of three months and enrolling them in early intervention services by the age of six months.

For more information about the Newborn Hearing Screening Program get in touch with:

Virginia Department of Health

DCAH, Room 137

P. O. Box 2448

Richmond, VA 23218-2448

804-786-1964 (voice)

7-1-1 or 800-828-1120 (TTY relay)

<http://www.vahealth.org>

Virginia Information and Referral Center

800-230-6977

*“Important advice
that you should think about
is having patience with your child.
It will take some time to get used to
some changes that you will
have to sacrifice for.
Remember that your child will
look up to you and
copy your actions.
Your child will learn from you
and you will learn from your child.
All it takes is time and patience.
Later on as you get used to
the changes, you will realize
that learning something about
your deaf child is precious.
You learned that love is what brought
you and your child close together.
Having a deaf child might not be
easy but you will be able to handle it
if you have love for your child.
That is most important between you
both. My advice to you is to just
take one day at a time and learn
from your mistakes.”*

Jenilee (age 14)

Parent Letter

Dear Parent:

We are pleased to have been asked to write a letter of introduction for this guide for parents of children newly diagnosed with hearing loss. We truly hope that the contents of this publication are helpful to you and your family.

All parents shoulder the awesome responsibility of having to make difficult, sometimes life-altering decisions for their children. This responsibility is even greater for those with deaf or hard of hearing children. As you become more familiar with your child's hearing loss and the many options available to you, you may at times feel confused, uncertain, hesitant. Indeed, the choices you will be required to make concerning your child's education and teaching methods and, ultimately, the form(s) of communication used by your child and family, may seem overwhelming. We cannot tell you that the journey will be simple, but it is manageable, and you and your family will not be alone.

We have found that some of the best advice comes from other parents of children with hearing loss, as well as other family members of deaf individuals who have preceded us on this journey . . . and, of course, from deaf and hard of hearing adults and children themselves. Many well-intentioned people may offer you advice: Be selective in which advice to follow and which to dismiss; above all, follow whatever feels right for you and your family. You will be determining how your child will interact with the world as well as how you will interact with your child for a lifetime.

Once again, the options are many; not any one option is best for everyone. We encourage you to meet and interact with as many other families and individuals affected by hearing loss as possible and to learn from their successes and their stories. Information will be your best tool. Once you are informed, be willing to fight for your child's needs. The payoff can be incredible.

Your child's diagnosis has very likely brought sadness and grief to you and your family. These emotions are perfectly healthy, and we encourage you to accept and work through your feelings at your own pace. In time, sadness and grief will subside, and you will find that you are able to tackle the challenges ahead. Yes, there are many challenges to come . . . and many rewards.

Children with hearing loss are limited only by imagination: All the joys of being children, of playing with other children, of wondering at butterflies and stars, of achieving their dreams . . . all things are possible. And this does not end with childhood. One need only look at the countless examples of independent, well-adjusted, well-educated, responsible and mature deaf and hard of hearing adults to see that this is true. Do not let others define limits on what your child can achieve. We wish you and your family a bright and unlimited future.

Sincerely,

Patricia Farley, mother of Aaron (aged 25) and John (age 14). Aaron has a cochlear implant. John uses bilateral-power hearing aids. Both boys were born profoundly deaf and use cued speech with spoken language, and each is fluent in American Sign Language (ASL).

Sidney and Mark Keith, parents of Ian Keith (age 7). Ian has severe bilateral hearing loss and choreoathetoid cerebral palsy. He uses ASL followed by spoken English (bilingual-bicultural) to communicate.

David and Laurel Hyde, parents of Douglas Hyde (age 11). Doug has a moderately-severe to severe hearing loss, and wears bilateral hearing aids. He is oral and has been mainstreamed since kindergarten. He uses an auditory trainer (FM) at school.

Richard Corbett is the hearing son of deaf parents, Lily and Bob, both of whom use ASL to communicate.

*"I understand how you feel
about your deaf child.
It is not your fault.
Your deaf child is normal
like the other people.
Just he can't hear.
There is no difference about that.
All you do is give the child love and
take good care of him, trust him and
be kind to that child.
The child will know
that you love him.
My advice is you better learn how
to sign to your child.
The child will understand you.
Please learn to sign
for his own sake."*

Brandy (age 14)

Glossary of Terms

Americans with Disabilities Act (ADA): signed into law in 1990, this is a “civil rights act” for persons with disabilities. The ADA requires public services and buildings to make reasonable accommodations to allow access to persons with disabilities.

Assistive listening system: a system that improves hearing in noisy situations by positioning the microphone closer to the sound source. It also improves the quality of the amplified speech or music. Includes FM systems, infrared systems, and induction loop systems.

Audiogram: a graphic representation of hearing loss, showing the level of hearing (in decibels of loudness - dB) for the different frequencies of sound (250 - 8000 Hz).

Audiologist: a professional who specializes in prevention, identification, and assessment of hearing loss and provides assistance to make the best use of remaining hearing. Audiologists assist with the selection, fitting, and purchase of hearing aids.

Auditory nerve: located in the inner ear, it is the cranial nerve (VIII) that carries nerve impulses from the inner ear to the brain. It provides specific information about the pitch (frequency) and loudness (intensity) of sound.

Auditory training: listening to environmental sounds, music, and speech to practice recognizing and understanding what has been heard.

Aural (re)habilitation: specialized training for hearing impaired children to help them learn verbal communication skills through speechreading and auditory training. Some programs include American Sign Language or Cued Speech.

Bilateral hearing loss: hearing loss in both ears.

Binaural: listening with both ears.

Central auditory processing disorder (CAPD): language disorder that involves the perception and processing of information that has been heard. Children with CAPD have problems following spoken instructions and sequencing events and usually show other language-learning problems. These are diagnosed by the audiologist using a series of special listening tests.

Cochlea: also called the “inner ear.” It contains the end organ of hearing, which changes sound vibrations to nerve impulses. The impulses are carried to the brain along the VIII nerve, or auditory nerve.

Conductive hearing loss: a loss of sensitivity to sound, resulting from an abnormality or blockage of the outer ear or the middle ear. The most common cause of conductive hearing loss is middle ear infection. Other causes include wax buildup in the ear canal, a perforation, or hole, in the eardrum, or damage to the tiny bones of the middle ear, the ossicles.

Congenital deafness: a profound hearing loss present at, or shortly after, birth.

Deaf: a term used to describe persons who have a hearing loss greater than 70dB. It may also be used to refer to those who consider themselves part of the Deaf community or culture and choose to communicate using American Sign Language instead of verbal communication.

Deaf Culture: the culture of the Deaf, based on sign language and a common heritage.

Decibel (dB): the unit used to measure the loudness of a sound. The higher the dB, the louder the sound will be.

Direct audio input: the capability of connecting a sound source, such as a TV or tape recorder, directly into a hearing aid. Also refers to the connection of an FM auditory trainer directly into a behind-the-ear hearing aid.

Dynamic range: a person with normal hearing will hear very soft sounds, prefer medium sounds, and be able to tolerate very loud sounds. The difference between the softest sounds one can hear and the loudest sound tolerated is called the dynamic range.

Eardrum: also called the tympanic membrane; it separates the outer ear from the middle ear.

Earmold: a custom-fitted mold, used with a behind-the-ear hearing aid, that delivers amplified sounds into the ear.

Educational audiologist: an audiologist with special training and experience to provide services to children in school settings.

Feedback: the shrill whistling sound made when the amplified sound from the hearing aid receiver goes back into the microphone of the hearing aid. It can be caused by an earmold that does not fit properly or a damaged hearing aid.

Frequency: the measurement for the pitch of a sound. Frequency is expressed in Hz (Hertz) or cps (cycles per second). The more cycles per second, the higher the pitch.

Hard of hearing: the term to describe those with mild to severe hearing loss.

Hearing aid: an electronic device used to amplify sound; includes behind-the-ear, in-the-ear, and canal hearing aids.

Hearing aid evaluation: the process of selecting an appropriate hearing aid. The audiologist will evaluate different types of hearing aids, to determine which is best-suited to the child's hearing loss.

Hearing loss: loss of hearing ability, from different causes.

Hearing impairment: the term disability category used by the Individuals With Disabilities Education Act (IDEA).

IEP (Individualized Education Program): an individually-designed education program for children with disabilities, including children with hearing loss. The IEP addresses the goals and objectives for the child's education.

IFSP (Individualized Family Services Plan): an individualized plan created for the child and family by a multidisciplinary team that includes the parents. The IFSP includes developmental outcomes, strategies, and early intervention services needed to attain those outcomes.

Mixed hearing loss: a hearing loss that is partially sensori-neural and partially conductive in nature.

Ossicles: the chain of three tiny bones in the middle ear (malleus, incus, stapes).

Otitis media: infection of the middle ear.

Otolaryngologist: a medical doctor who is a specialist in problems of the ear and throat.

Otologist: a medical doctor who is a specialist in problems of the ear.

PE tube: pressure-equalizing tube. A tube that is inserted in the eardrum to provide air to the middle ear, permit drainage, and equalize the pressure between the middle ear and the ear canal.

Play audiometry: a kind of hearing test where the audiologist teaches the child to respond when a sound is heard by doing something. For example, put a peg in a hole or a block in a bucket every time a sound is heard.

Post-lingual deafness: hearing loss occurring after the child has learned speech and language.

Real ear measurement: a measurement of the resonance of the ear canal and the output of a hearing aid, while it is in the ear.

Recruitment: the abnormal increase in the loudness of sound as perceived by the listener.

Residual hearing: the amount of measurable, usable hearing which can benefit from amplification.

Sensori-neural loss: a hearing loss caused by damage to the inner ear (cochlea). This type of hearing loss is irreversible.

Speech-language pathologist: a professional who evaluates and provides treatment for speech, language, cognitive-communication, and swallowing problems of children and adults. Speech and language delays are frequently seen in children with hearing impairments.

Speech range: See the graph on page 13. The area where most sounds of human speech occur.

Threshold: the softest level at which a sound can heard 50 percent of the time by the person who is being tested. The term is used for both speech and pure tone testing.

Tinnitus: noise that a person can hear in the ears, such as ringing, buzzing, roaring, or clicking.

Unilateral hearing loss: a hearing loss in one ear only.

*“My advice to you is
to buy great hearing aids.
It will pay off.
Stand up for your child,
it might take a little extra effort,
but is well worth the time.
Don’t get bothered by having to
repeat some things, don’t say
‘forget it.’
Hard of hearing people are
normal people who have a
slight disability.”*

Douglas (age 11)

Hearing Evaluations

Hearing evaluations, also known as audiologic evaluations, include tests done by an *audiologist* to give information about: (1) whether a hearing loss is present, (2) which frequencies (or pitches) are affected, (3) how severe the hearing loss is, and (4) the type of hearing loss. The evaluation also includes recommendations from the audiologist regarding the choice of a hearing aid for your child. There are several evaluation tools currently in use today to diagnose and accurately define a hearing loss in infants and toddlers. These tools include otoacoustic emissions (OAE), auditory brainstem response (ABR), behavioral audiometry and impedance audiometry.

Otoacoustic Emissions (OAE) There are two sets of tiny hair cells in the *cochlea* (inner ear). The inner hair cells respond to sound, sending nerve impulses to the brain. The outer hair cells move in response to sounds and actually make a sound of their own. With a special microphone and computer, these sounds, or emissions, can be measured as they come from your child's ear as soon as a few hours after birth. Many hospitals are now screening all babies for hearing loss using OAE. If your baby doesn't have measurable OAE it may mean several things. It may mean there is too much noise in the nursery to test effectively. Another possibility is there may be some fluid in the ear canals left over from the birth process. The third possibility is that the cochlea is not responding well, indicating a hearing loss. While OAE are a reliable screening tool, they have some important limitations. OAE can only be found if the hearing loss is less than 30 to 40dB. There is also the possibility of human error. Children who do not pass their first OAE screening are usually screened again. If the OAE are absent or reduced a second time, the child should be referred for an Auditory Brainstem Response test, or ABR.

Auditory Brainstem Response (ABR) This is also known as Brainstem Evoked Response Audiometry (BERA) or Brainstem Evoked Response (BSER). In the inner ear, the nerve impulses are sent from the cochlea to the brain along the auditory nerve. The ABR tracks the path of the nerve impulses. To do the test, your child must be asleep. If your child were awake, muscle movements of any kind would make very large responses in the brain and confuse the ABR computer. After your child is asleep, recording electrodes will be placed on the head and ears. Using earphones, clicks or tone bursts will be sent to one ear while masking noise is sent to the other. The computer will measure and record all the responses and draw a curved line with several peaks. These are called waves. Based on the size and timing of the wave peaks, as well as the loudness of the signal, the audiologist will make an estimation of your baby's hearing ability. For a better estimate, tone burst and bone conduction ABR measurements may be made. If the results suggest a hearing loss, behavioral audiometry will be started.

Pure Tone Audiometry Specific frequencies of sound (250 through 8000Hz) are presented to the child through earphones, one ear at a time. The child is asked to raise his or her hand when he or she begins to hear the sound. If

a child is not able to raise his or her hand, pure tone audiometry may be paired with behavioral audiometry or play audiometry in an effort to measure a child's hearing.

Behavioral Audiometry ABR and OAE testing are convenient because they require little, if any cooperation from your child. They are not, however, accurate enough to tell what your baby can and cannot hear. An experienced pediatric audiologist will use a variety of procedures to assess your baby's hearing. The audiologist will observe your baby as sounds and speech are presented through speakers. If the baby will tolerate earphones, they can be used. It will take several months and appointments to fine-tune the results of the hearing tests. However, this doesn't mean you need to wait for complete results to begin working on developing communication and language with your child.

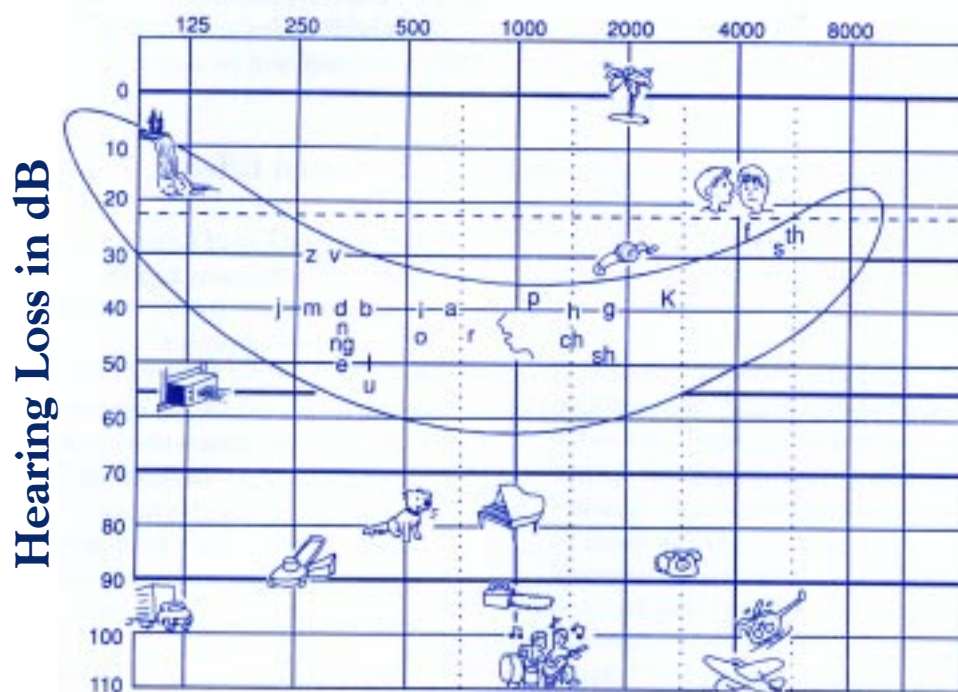
Play Audiometry If a child is at least 22 months of age, he or she can be taught to put a block in a pail each time a sound or voice is heard. The child is taught the "rules of the game" or how to make a conditioned response (the block in the pail) to a stimulus (tone or speech). Using play audiometry, a young child's responses to both pure tones and speech signals can be measured.

Impedance Audiometry This is the name given to tests that provide information about the function of the middle ear. One test, tympanometry, provides information about the compliance (mobility) of the middle ear system. The *eardrum*, or tympanic membrane, has movement patterns that help in understanding the young child's hearing. Tympanometry can be done on an infant or toddler, as long as the child is quiet and can be still for a short time. The results of impedance audiometry help the audiologist to understand whether a child has a middle ear infection, a pressure-equalizing tube that may be clogged, a possible problem with the bones of the middle ear, or problems with middle ear muscle reflexes.

Audiogram The audiogram is a graph that shows responses to sound. Across the top of the audiogram are the frequencies (pitch) of sound measured in Hertz (Hz), from low to high — 125 Hz to 8,000 Hz. Up and down the side of the audiogram are the loudness levels, or intensity levels. Sound intensity is measured in decibels (dB). The lower the number, the better the hearing. The higher the decibel level, the greater the *hearing loss*.

Degree of hearing loss Hearing loss is measured in *decibels* (dB). Average normal hearing is between 0-25 dB. Beyond this range, hearing impairment varies from mild to profound hearing loss. Even a mild hearing loss can have far-reaching effects for an infant or toddler. Babies learn about language and how to talk by listening. The greater the hearing loss, the more impact it will have on learning to talk. The "Speech Banana" (page 13) shows the pitch and loudness needed to hear the sounds of speech. If your child's audiogram shows hearing levels inside or below the "banana" curve, he or she will have difficulty hearing speech. Your audiologist can help you understand how a *hearing aid* can help your child to hear the sounds of speech.

The “Speech Banana”



Frequencies in Cycles Per Second

Taken from:

The SKI(HI Model: A Resource Manual for Family Centered Home-Based Programming for Infants, Toddlers, and Preschool Aged Children with Hearing Impairments (Volume 2: Graphics to Accompany the SKI(HI Resource Manual); SKI(HI Institute, Utah State University, Logan, Utah. Used with permission.

Degrees and Potential Effects of Hearing Loss

The following chart was created to help explain what sounds your child can and cannot hear without amplification based on the degree of hearing loss. It shows how amplification may benefit your child and the potential effects on your child's speech and language development. Your child's audiologist, *speech-language pathologist*, teacher, or other trained professional will be able to provide you with more detailed information.

Degree of Loss	Decibels	Potential Effects
Minimal Hearing Loss	16-25dB	A minimal loss of some sounds. May have difficulty hearing quiet or distant speech especially in noisy environments.
Mild Hearing Loss	26-40dB	Can hear most speech sounds but likely to miss fragments of words, especially those that contain "s", "f", and "th". With proper amplification, likely to understand all spoken communication especially at close distances.
Moderate Hearing Loss	41-55dB	Without amplification, 50-100% of speech sounds may be missed which may effect speech development unless optimally amplified. Proper amplification should enable listener to hear and discriminate all sounds.
Moderately Severe	56-70dB	Conversation cannot be understood, unless the intensity is very loud. Age of amplification, consistency of use and intervention will determine speech intelligibility and/or language development.

Degree of Loss	Decibels	Potential Effects <i>continued</i>
Severe Hearing Loss	71-90dB	Without amplification, may be aware of loud voices near ear. Spoken language will not develop spontaneously unless modifications and interventions are taken. With optimal amplification, should be able to detect all the sounds of speech and identify environmental sounds.
Profound Hearing Loss	91dB or greater	Aware of vibrations more than tonal pattern. May rely on vision rather than hearing as the primary avenue for communication and learning. Speech and oral language will not develop spontaneously without amplification and intervention. Speech intelligibility often greatly reduced and atonal voice quality likely.

*"It is important to nurture
and encourage the fire
in the child's belly: persistence
is a characteristic trait among
well-rounded deaf adults
living in the mainstream.
Encourage the child to read books,
newspapers and journals so that
knowledge will become
a powerful tool.
Encourage the child to live
on the edge and thus develop
independence in the mainstream."*

John (age 35)

*“There are things, such as walking,
that children learn entirely
on their own.*

*There are things, such as
using the toilet,
that they learn with just a little bit
of help from their parents.*

*And there are things, such as reading
and writing and good table manners,
that children can master
only with persistent and patient
guidance, over many years,
from their parents.*

*For deaf children, communicating
with the rest of the world falls into
this third category.*

*This makes life harder,
but well within the capabilities
of a competent parent —
and the things in the third category
seem ultimately to give the most
satisfaction.”*

David (age 48)

Communication Choices

“One of the most important decisions parents of a deaf or hard of hearing child have to make is to choose from the many communication options available. It is important to understand the options that are available for you and your child so that you can choose one that will best match the abilities of your child and your whole family. Any option you choose should be embraced by the entire family (i.e., parents, siblings, etc.) in order to have optimal success. Include the extended family (i.e., grandparents, aunts, uncles or close friends) as much as possible, especially if they are an integral part of the child's life. The more role models and support the child has, as early as possible, the faster they will learn to communicate.”

Jean Drudge (parent)

Sue Schwartz, Ph.D., editor of *Choices in Deafness - A Parent's Guide to Communication Options*, has graciously given her permission to include excerpts from her book in this guide. Parents and professionals alike highly recommend her book to parents who have just learned of their child's hearing loss and to professionals working in the field of deafness. Choices provides the reader, in a fair and unbiased format, with thorough information about each of the communication options that are available. The second edition delights the reader with the ongoing stories of the children introduced in the first edition by their parents. A decade later, each story is continued through the “child's” own words. Turn to the reading list in the *Additional Resources for Parents* booklet for information about the book.

From Choices . . .

Auditory-Verbal (AV)

The goal of auditory-verbal practice is that children who are deaf or hard of hearing can grow up in regular learning and living environments, enabling them to become independent, participating, contributing citizens in mainstream society. The auditory-verbal philosophy supports the idea that children with all degrees of hearing impairment deserve an opportunity to develop the ability to listen and to use verbal communication.

AV therapy sessions are on-going, diagnostic evaluations of the child's and the parents' progress. They are conducted jointly by an AV therapist and parents. The children learn to listen to their own voices, the voices of others, and the sounds of their environment in order to communicate effectively through spoken language. By consistent use of appropriate hearing aids or a cochlear implant, AV therapy encourages natural communication development in play and active involvement in daily life including participation in regular school and in mainstream community.

Bilingual-Bicultural Approach (Bi-Bi)

Bilingual-Bicultural education is an approach to educating deaf children that incorporates the use of American Sign Language (ASL) as the primary language of instruction in the classroom. English is taught as a second language through reading and writing. In addition, the Bi-Bi approach supports instruction in deaf culture including the history, contributions, values, and customs of the deaf community. The goals of a Bi-Bi education are to help children establish a strong visual first language that will give them the tools they need for thinking and learning and develop a healthy sense of self through connections with other deaf people.

Cued Speech

Cued Speech is a method of using handshapes to supplement speechreading. These handshapes are phonemically based - that is, they are based on the sounds the letters make, not the letters themselves. Cued Speech is comprised of eight handshapes that represent groups of consonant sounds, and four positions about the face to represent groups of vowel sounds. Combinations of these hand configurations and placements show the exact pronunciation of words in connected speech, by making them clearly visible and understandable to the Cued Speech recipient. These manual cues must be accompanied by the mouth movements to help your child “see-hear” precisely every spoken syllable that a hearing person hears. Cued Speech is a visual representation of English.

Cued Speech helps the deaf person to be aware of speech sounds and to recognize pronunciation, but speech therapy will still be needed. Cued Speech supplements what is being spoken in the home and school. A Cued Speech Transliterator can translate for the deaf person everything being said by others in the regular classroom. (*Note: some individuals refer to “Cued Speech” as “Cued Language.”*)

The Oral Approach

There is really no single oral method of education, but rather a group of methods that emphasize different aspects of the communication process. These methods, however, share a common aspect: they require children to use only spoken language for face-to-face communication. They avoid the use of formal sign language.

Some oral programs require children to wear hearing aids and use their residual hearing in combination with lipreading to understand speech. Teachers in these programs use a “multisensory” approach (hearing, vision, and in some cases, touch) to help the children learn to understand and produce speech. Other programs use the “unisensory” method. Children in these programs are asked to rely on their residual hearing without the benefit of lipreading. An oral approach requires parents to work closely with a team of professionals to find the best way to make the spoken message available to the child.

Total Communication (TC)

Total Communication is a communication philosophy that originally meant the right of a deaf child to learn to use all communication modalities available to acquire linguistic competence. In practice, TC programs may use signs, speech, gestures, speechreading, amplification, and fingerspelling to provide linguistic input for deaf children. Some TC programs provide the simultaneous use of speech and signs to represent English for the receiver and involve the use of an English-based sign system (not American Sign Language). Other TC programs use the choice or selection of sign or speech and speechreading and residual hearing in different situations. Both of these views are based on the philosophy that language can be visual and gestural as well as auditory and oral. The belief is that your child's environment should provide access to language by making the full range of communication modalities available.

It is important for you to realize that different TC programs may emphasize speech, while others emphasize English-based sign communication. Some programs may include use of American Sign Language, while others may not. Parents should ask about a program's communication emphasis and observe it to see if, in practice, it meet the needs of their child.

*"Everybody's special in their own way.
Yes, it's true, being deaf has disadvantages . . .
we are also lucky.
I have friends of the deaf and hearing.
I'm really happy with that!
I've had the chance to be successful,
and I believe I am!
I've participated in the yearbook staff,
drama club, FHA, basketball team, and
volunteering at Chippenham Hospital
and Lucy Coor Nursing Home.
Now, if I'm deaf and able to do these activities,
anybody can!
We can do things for ourselves,
being deaf isn't a handicap,
it's a part of who you are!"*

Amy (age 14)

Amplification

There are several kinds of amplification. Hearing aids and cochlear implants are personal amplification systems. Some amplification systems are designed for use in group listening situations. FM (frequency modulated) systems and infra-red systems are used in schools and public facilities to improve the relationship of what is being said (speech signal) to the level of background noise (signal-to-noise ratio).

Hearing Aids

Hearing aids are available in a variety of styles and circuitry. Styles include hearing aids worn behind the ear, in the ear or in the ear canal. Circuits, which are the internal electronic parts of the hearing aid, can be fitted to a child's hearing loss and also provide switches for talking on the telephone. Most often, hearing aids are fit for both ears — *binaural* hearing aids. This is especially true for children, since the idea is to provide them with listening opportunities that are similar to those of other children. Although there are many options in hearing aids, they all have the following three basic parts:

- ◆ a microphone to pick up sound waves
- ◆ an amplifier to change the sound into an electrical signal and amplify it (make it louder)
- ◆ a receiver to change the amplified sound back into sound waves and deliver them to the ear

Hearing aids can have remote controls, built-in volume control, computer programming, and other adjustments. The audiologist is your resource for information about how hearing aids work, those that may best meet your child's hearing needs, and for answering questions about your child's adjustment to amplification.

Earmolds are an important part of the young child's hearing aid. The earmold delivers the amplified sound to the ear; it must fit air-tight into the ear canal. If it doesn't, the amplified sound leaks out around the earmold, goes back into the hearing aid and is amplified again. This louder sound is called *feedback*, a squealing or whistling sound that you can hear. A young child's earmolds should be checked every few months. As the child's ears grow, new earmolds will be needed to make sure the air-tight seal is maintained.

Care of the hearing aid is important. It is an expensive instrument that requires daily care. It should be kept dry and in the same place every day when the child isn't wearing it. Pets or toddlers can quickly chew or play with a hearing aid and break it. Hearing aid batteries are small and frequently of great curiosity to young children who like to put them in their mouth. Batteries can be harmful if swallowed. Keep them in a safe place, out of the reach of small

children. Parents frequently have many questions about hearing aids, earmolds, batteries, and use of the hearing aids in different settings (home, school, daycare). Your audiologist is a valuable resource when you have questions or are confused about the care and use of your child's hearing aid.

Assistive Listening Systems

Some listening situations are more difficult to handle than others because of background noise or because the sound source is too far away. So even when wearing hearing aids, other listening devices can be helpful. The percentage of useful information (speech) compared to the background (noise) is called signal-to-noise ratio. *Assistive Listening Systems* improve the signal-to-noise ratio by placing a second microphone closer to the sound source.

FM Listening Systems

At school, children are very dependent on being able to hear the teacher. Classrooms are often noisy, active environments. Three things contribute to poor listening environments; noise, the distance the speaker's voice has to travel before it reaches the listener's ears, and reverberation (reflection of sound off hard surfaces). Children with normal hearing may have problems listening in noisy classrooms; for a child using hearing aids, listening is even more difficult.

To improve listening for children with hearing loss, audiologists recommend FM systems. These systems function like a radio station. The teacher's voice is picked up through a microphone (the teacher is the radio station) and transmitted to the child's hearing aids through a receiver. Cords are used to deliver the sound to the hearing aids. FM systems are often used in classrooms, because they reduce the background noise level and help the child hear the teacher's voice. In some cases, FM systems are used by students with normal hearing to help them concentrate in the classroom.

Cochlear Implants

When it has been determined that there is little or no benefit from the use of hearing aids or listening systems in the perception or understanding of environmental sounds and speech, a cochlear implant is often considered. This surgically-implanted hearing device captures sound and transforms it into electrical impulses which are channeled directly to the auditory nerve. By stimulating this nerve, and thereby the auditory portion of the brain, the child can gain a perception of sound and learn to interpret speech sounds. The success of cochlear implants varies from no improvement, to some sound detection and awareness, to the ability to understand and develop speech. As with other assistive listening devices, intensive auditory training and an auditory-rich environment increases the probability of success with a cochlear implant.

*“Raising a deaf or hard-of-hearing child
is certainly no easy task
(go ask my parents).
There will be ups and downs along the way.
Yet, more importantly than anything else,
there’s no greater love than sticking with
your child through thick and thin,
and providing the child with the confidence,
perseverance, curiosity and independence
that he/she needs to meet the challenges
of participating in the hearing world.
I certainly got that from my parents,
and I am thankful for them.”*

Mike (age 30)



Additional Resources
for Parents of Children
With Hearing Loss

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Virginia Department for the Deaf and Hard of Hearing (VDDHH)

VDDHH is a state agency that operates with the full understanding that communication is the most critical issue facing persons who are deaf and hard of hearing. The foundation of all programs at VDDHH is communication - both as a service (through interpreters, technology, and other modes) and as a means of sharing information for public awareness (through training and education). VDDHH works to reduce and, ultimately, eliminate the communication barriers between persons who are deaf or hard of hearing and those who are hearing.

Contact VDDHH for information about:

- ◆ Getting a qualified interpreter
- ◆ Applying for assistive technology
- ◆ Borrowing assistive listening devices
- ◆ Making a phone call through the state's Telecommunications Relay Service
- ◆ Taking a skills assessment for sign language and cued speech interpreters and transliterators
- ◆ Seeing a demonstration of various assistive technology for persons who are deaf or hard of hearing
- ◆ Borrowing books and videotapes on topics such as sign language, education, and Deaf culture
- ◆ Receiving the VDDHH newsletter
- ◆ Receiving training on subjects related to persons who are deaf or hard of hearing

VDDHH has contracts with several organizations across Virginia to provide outreach services locally.

For more information about the services listed above or the local outreach office near you, VDDHH may be contacted at:

1602 Rolling Hills Dr.
Ratcliffe Bldg., Suite 203
Richmond, Va. 23229-5012

800-552-7917 V/TTY
804-662-9502 V/TTY
804-662-9718 FAX
E-mail: ddhhinfo@ddhh.state.va.us
Web site: www.vddhh.org

Outreach Contacts under the Virginia Department for the Deaf and Hard of Hearing: The centers serve deaf and hard of hearing persons by providing consultation to schools, businesses, churches, government agencies, and organizations; information and referral; workshops; training; equipment loans, a device demonstration center; newsletter exchange; TTY paper sales; meeting room, meeting space for deaf senior citizens, speaker's bureau; classes in parenting, sign language and coping skills; a newsletter with community events listings; and a professional resource bank. Contact the Virginia Department for the Deaf and Hard of Hearing for an up-to-date list of regional outreach contacts.

The Virginia Department for the Deaf and Hard of Hearing (VDDHH)

Region 4-Central Virginia

Contact: Gloria Cathcart

Email: CathcaGL@ddhh.state.va.us

Statewide Library & Technology
Demonstration Center
Ratcliffe Building, Suite 203
1602 Rolling Hills Drive
Richmond, VA 23229-5012

800-552-7917 (V/TTY)

804-662-9502 (V/TTY)

804-662-9718 (FAX)

Region 2- Northwest Virginia

Contact: Sue Browning or Cathy Dray

Email: sbrowning1@juno.com

Mailing address: PO Box 476
Fishersville, VA 22939

Street address: VA School for the Deaf and the Blind
E. Beverly Street
Staunton, VA 24401

800-552-7917 (V/TTY)

540-332-9993 (V/TTY)

540-332-7894 (FAX)

Virginia's Early Intervention System

The infant/toddler part (Part C) of the Individuals with Disabilities Education Act (IDEA) mandates that early intervention services be available to infants and toddlers with disabilities and their families. This includes infants and toddlers, ages birth to three, who are diagnosed with hearing loss and a variety of other conditions that have a high probability of resulting in a developmental delay or exhibit a delay of at least 25 percent in one or more of the developmental areas. These include cognitive, physical (including fine or gross motor, vision or hearing, communication, social/emotional, or adaptive). All eligible children must receive a multidisciplinary evaluation/assessment prior to determining their eligibility for services. Following the determination of eligibility, a team of professionals, including the child's family, works together to create an Individualized Family Services Plan (IFSP) that is based on the child's developmental needs and the needs of the family in helping their child learn. The plan identifies outcomes and the early intervention services and supports needed to attain those outcomes, how services will be paid for, the time, duration and location of services, and how progress will be determined.

No child or family will be denied services because of the inability to pay. Each locality has an ability to pay procedure in place, which may include sliding fee scales. The early intervention services included on the IFSP should begin soon after the plan is created. Some of the early intervention services available through the localities include audiology, assistive technology services and devices, nutrition services, occupational or physical therapy, speech/language pathology, psychological, special instruction, respite, and service coordination. A service coordinator is available to assist each family find access to needed services.

Virginia's Early Intervention System

Department of Mental Health, Mental Retardation and
Substance Abuse Services
P.O. Box 1797
Richmond, VA 23219-1797

804-786-3710 (voice)

804-371-7959 fax

www.dmhmrzas.state.va.us/vababiescantwait

To obtain information about early intervention services available in your area, call 800-234-1448, and ask for the number for your local interagency coordinating council.

Services In Virginia's Public Schools

Public schools in Virginia provide services to children with disabilities from age 2 through twenty-two (or high school graduation with a standard or advanced diploma). Children with deafness or hearing impairment may be eligible for special education or related services. A team of professionals, including the parents, meets to review the results of a child's evaluation. Each child's eligibility for special education and related services is determined. When children are found to be eligible, an Individualized Education Program (IEP) team is formed. The IEP team includes parents, the child's teacher, an administrator, and professionals who provide services for the child. The IEP addresses the goals and objectives for the child's education. As much as possible, children receive services in the general education program.

Federal special education law (the Individuals with Disabilities Education Act) requires that the IEP team address the child's communication needs. For a child who is deaf or has a hearing impairment, the IEP team must consider the child's language and communication needs. These needs include opportunities for communicating in American Sign Language, if that is the child's communication system.

Children who are deaf or hearing impaired must receive services from qualified personnel. Qualifications for teachers are set forth in the *Virginia Licensure Regulations for School Personnel*. Professionals in other fields (e.g., audiology, interpreting) must meet requirements for their profession.

Parents should contact the director of special education in their school division if they have any questions regarding their child's special education services. A directory of school divisions is available on the Virginia Department of Education web page (www.pen.k12.va.us).

Many school divisions have Parent Resource Centers that provide information about special education for parents. The Virginia Department of Education publishes *A Parent's Guide to Special Education* to help parents understand their responsibilities and the rights of their children. The guide includes a description of the special education process and what is required for the parents and school divisions during each step of the process. Copies may be obtained from the Virginia Department of Education or the school divisions.

Further information is also available from the Department of Education or school divisions.

Virginia Department of Education

Office of Special Education and Student Services
P.O. Box 2120
Richmond, VA 23218-2120

800-422-2083 (voice)
800-422-1098 (TTY)

The Virginia School for the Deaf and the Blind at Staunton

The Virginia School for the Deaf, Blind and Multi-Disabled at Hampton

The Virginia School for the Deaf and the Blind at Staunton (VSDB-S) and the Virginia School for the Deaf, Blind and Multi-Disabled at Hampton (VSDBM-H) serve deaf, hard-of hearing, blind, and visually impaired children who range in age from 2 to twenty-two years. Both schools accept children throughout the Commonwealth. Only VSDBM-H provides services for children with multiple disabilities who have a sensory impairment. Referrals to both schools are made through school divisions. Both are under the direction of the Virginia Department of Education and the Virginia Board of Education.

Educational programs are offered at both schools that provide students with the opportunity to earn a Virginia high school diploma, an IEP diploma, or a certificate of completion. The academic program provides instruction consistent with the Standards of Learning for mathematics, science, English, history, and social science. The functional skills program focuses on preparing students for supported work placement and teaches basic life skills. The developmentally based curriculum emphasizes the importance of daily living skills and includes community-based instruction. The vocational program provides instruction and training in a variety of areas, and students at VSDB-S are offered classes at a local technical school. Students participate in on-the-job training programs under the supervision of job coaches. Summer programs are also available at both schools.

Communication skills include American Sign Language, English, speech, and speechreading for deaf students. Extensive Braille and large-print materials are available to blind students, in addition to audiotape devices and descriptive videos.

Other services include diagnostic and therapy services consisting of speech/language, audiology, guidance counseling, educational, psychological, and sociocultural evaluations, counseling, behavior management programs, functional vision, orientation and mobility, and occupational and physical therapy. Health services are provided 24 hours a day, staffed with registered nurses and consulting physicians.

The residential program provides weekly trips home for students. Dormitories are designed to provide comfort and an environment conducive to learning and social skills development. Qualified and experienced residential counselors are on duty to supervise and coordinate activities. Field trips and activities are planned that encourage fun and learning.

Extensive technology is available at the schools for instruction and student use. Talking calculators and computers, the Kurzweil Reader, Braille and large-print devices, personal recorders and other technological devices assist blind students to have to access textual and graphic materials. Computers, captioned video material, teletype devices, and accessible communication are provided for all deaf and hard of hearing students.

VSDBM-H offers qualified early childhood educators to provide an early intervention program for deaf or blind children, birth to age 2, through regular home visits. VSDB-S offers a parent/infant program to provide early intervention and identification services for hearing impaired children from birth through 3 years of age. During regularly scheduled home-based visits, the parent/infant specialist works with families to develop and meet IFSP goals that concentrate on choices and the child's transition into appropriate school-based programs. The parent/infant specialist and audiologist work as a team to provide hearing screenings and recommendations for comprehensive diagnostic audiologic amplification. The parent/infant program also works closely with family doctors, health departments, school systems, private audiologists, and other individuals and agencies to assure early identification and intervention. Both schools provide consultation services to other early intervention agencies.

Both VSDB-S and VSDBM-H offer a variety of outreach services to school systems, early intervention programs and families. Outreach services include mobility, vision and Braille assessments, educational audiology consultation, communication assessments, as well as educational and psychological evaluations. A variety of conferences and workshops for educators and parents are provided on the campus at both schools.

For more information contact:

Superintendent's Office
Virginia School for the Deaf, Blind and Multi-Disabled
at Hampton
700 Shell Road
Hampton, VA 23661
757-247-2033 (V/TTY)

Superintendent's Office
Virginia School for the Deaf and the Blind at Staunton
P. O. Box 2069
Staunton, VA 24401
540-332-9000 (V/TTY)

Virginia Department of Education
Director of State Schools and State Operated Programs
P. O. Box 2120
Richmond, Virginia 23218-2120
804-225-3161 (voice)

Genetic Hearing Loss and Genetic Counseling

Some hearing losses are inherited. This means the child's genetic (inherited) make-up includes a hearing loss. There are many types of genetic hearing loss; some are part of a syndrome, or combination of characteristics that go together. Genetic hearing losses can be conductive, sensorineural, or mixed in nature. Genetic factors account for about one-half of hearing losses of early onset in a child's life.

Genetic counseling is a communication process that deals with the human problems associated with the occurrence, or the risk of occurrence, of a genetic disorder in a family. The Virginia Department of Health sponsors genetic clinics where testing, counseling and education for genetic hearing loss are available. In Virginia, there are four regional centers for genetic testing, counseling and education.

Medical College of Virginia

Department of Human Genetics
Box 980033, MCV Station
Richmond, Virginia 23298
(804) 828-9632

University of Virginia Hospital

Division of Genetics, Pediatric
Box 386, UVA Health Sciences Center
Charlottesville, VA 22908
(804) 924-2665
(800) 2513627, Ext. 42665

Children's Hospital of The King's Daughters

Department of Pediatrics
Genetics Division
601 Children's Lane
Norfolk, VA 23507
(888) 668-9723
(757) 668-9723

Fairfax-Northern Virginia

Genetics and IVF Institute
3020 Javier Road
Fairfax, VA 22031
(703) 698-7355
(800) 552-4363

Testing, counseling, and education are also available at:

Genetics Program, Department of Biology

Gallaudet University
800 Florida Avenue, NE
Washington, DC 20002
(202) 651-5258 V/TTY
(800) 451-8834, Ext. 5258 V/TTY

Reading List

Education

- Altman, Ellyn. (1988). *Talk With Me!* Washington, D.C.: Alexander Graham Bell Association for the Deaf.
- Anderson, Winifred, Chitwood, Stephen & Hayden, Deidre. (1990). *Negotiating The Special Education Maze: A Guide for Parents and Teachers*. Bethesda, MD: Woodbine House.
- Candlish, Patricia Ann Morgan. (1996). *Not Deaf Enough: Raising a child who is hard of hearing*. Washington, D. C.: Alexander Graham Bell Assoc.
- English, Kristina. (1995). *Educational Audiology Across the Lifespan*. Baltimore, MD: Paul H. Brooks.
- Flexor, Carol. (1994). *Facilitating Hearing and Listening in Young Children*. San Diego, CA: Singular Publishing.
- Schwartz, Sue & Miller, Joan E. Heller. (1996). *The New Language of Toys*. Bethesda, MD: Woodbine House.
- Tucker, Bonnie Poitras. (1997). *IDEA Advocacy for Children Who Are Deaf or Hard-of-Hearing*. San Diego, CA: Singular Publishing Group, Inc.
- Vernon, McCay. (1995). *The Psychology of Deafness: Understanding Deaf and Hard-of-Hearing People*. Washington, D.C.: Gallaudet University Press.

Cochlear Implants

- Barnes, Judith, Franz, Darla & Wallace, Bruce (Eds.) (1994). *Pediatric Cochlear Implants: An Overview of Options and Alternatives in Education and Rehabilitation*. Washington, D.C.: Alexander G. Bell Assoc.
- Tye-Murray, Nancy. (1992). *Cochlear Implants and Children: A Handbook for Parents, Teachers, and Speech and Hearing Professionals*. Washington, D.C.: Alexander G. Bell Assoc.

Deaf Culture

- Benderly, Beryl Leiff. (1980). *Dancing without Music: Deafness in America*. New York: Anchor/Doubleday.
- Bradford, Tom. (1991). *Say That Again, Please*. Dallas, TX: Tom Bradford.
- Gannon, Jack. (1981). *Deaf Heritage: A Narrative History of Deaf America*. Silver Spring, MD: National Association of the Deaf.
- Moore, Matthew S. (1992). *For Hearing People Only: Answers to Some of the Most Commonly Asked Questions about Deaf Community, Its Culture, and the "Deaf Reality."* Rochester, NY: Deaf Life Press.
- Wilcox, Sherman. (1991). *Learning to See: American Sign Language as a Second Language*. Englewood Cliffs, NJ: Prentice Hall Regents.
- Zazove, Philip. (1994). *When the Phone Rings, My Bed Shakes*. Washington, D.C.: Gallaudet University Press.

Parents, Children, and Families

- Cline, Foster & Fay, Jim. (1990). *Parenting with Love and Logic: Teaching Children Responsibility*. Golden, CO: Love & Logic Press.
- Family Resource Center on Disabilities. (1993). *How to Organize an Effective Parent/Advocacy Group and Move Bureaucracies*. Chicago: Family Resource Center on Disabilities.
- Kisor, Henry. (1990). *What's That Pig Outdoors?* New York: Hill and Wang.
- Luterman, David M. & Ross, Mark. (1991). *When Your Child Is Deaf: A Guide for Parents*. Timonium, MD: York Press.
- McArthur, Shirley. (1982). *Raising Your Hearing Impaired Child: A Guide for Parents*. Washington, DC: Alexander G. Bell.
- Ogden, P.W. & Lipsett, S.. (1982). *The Silent Garden*. New York: St. Martin's Press.
- Roush, Jackson & Matlin, Noel. (1994). *Infants and Toddlers with Hearing Loss*. Timonium, MD: York Press.
- Sacks, O. (1989). *Seeing Voices*. Berkeley, CA: University of California Press.
- Schwartz, Sue. (1996). *Choices in Deafness: A Parent's Guide*. Rockville, MD: Woodbine House.

Resources

Alexander Graham Bell Association For the Deaf and Hard of Hearing

3417 Volta Place, NW
Washington, DC 20007-2778
202-337-5220 (voice & TTY)
agbell2@aol.com
<http://www.agbell.org>

An international, nonprofit, membership organization that helps promote better public understanding of hearing loss in children and adults. First year of membership is free to parents who have children with hearing loss. Provides newsletters, journals, and information relating to oral education.

American Academy of Audiology

8201 Greensboro Drive, Suite 30
McLean, VA 22101
703-610-9022
800-222-2336 (voice & TTY)
<http://www.audiology.org>

A professional organization dedicated to providing quality hearing care to the public. Offers professional development, education, research, and increased public awareness of hearing disorders and audiologic services.

American Academy of Otolaryngology, Head & Neck Surgery

1 Prince Street
Alexandria, VA 22314
703-836-4444 (voice)
703-519-1585 (TTY)
<http://www.entnet.org>

Provides the art and science of medicine related to otolaryngology-head and neck surgery, including providing medical education courses and publications. Distributes leaflets related to ear problems and makes referrals to physicians.

American Association of the Deaf-Blind

814 Thayer Avenue #302
Silver Spring, MD 20910-4500
800-735-2258 (voice relay operator)
301-588-6545 (TTY)
aadb@erols.com
<http://www.tr.wosc.osshe.edu/dblink/aadb.htm>

Provides information on deaf-blind and resources for assistance in education.

American Athletic Association Of The Deaf

3916 Lantern Drive
Silver Spring, MD 20902
301-942-4042 (voice & TTY)

Approves and promotes athletic tournaments in the U.S.; promotes the participation of athletes who are deaf in international competitions.

American Deafness & Rehabilitation Association

P.O. Box 55369
Little Rock, AR 72225
501-375-6643 (voice & TTY)

An organization and network that promotes, develops, and expands services, research, and legislation to persons who are deaf.

American Hearing Research Foundation

55 East Washington Street, Suite 2022
Chicago, IL 60602
312-726-9670 (voice)

Informs physicians and non-medical persons of the latest developments in research and education about hearing. The foundation also publishes a newsletter.

American Society for Deaf Children

(Formerly International Association of Parents of the Deaf)
1820 Tribute Road, Suite A
Sacramento, CA 95815
800/942-ASDC (voice & TTY)
ASDC1@aol.com

Publication: The Endeavor

A nonprofit, parent organization providing a positive attitude toward signing and Deaf culture. It also provides current information, support, and encouragement to parents and families with children who are deaf or hard of hearing.

American Speech-Language-Hearing Association

10801 Rockville Pike
Rockville, MD 20852-3279
800-498-2071
<http://www.asha.org>

A national professional association for speech-language pathologists (SLPs) and audiologists (As). Provides information for professionals and consumers on topics of current interest.

Assistive Technology Loan Fund Authority

8004 Franklin Farms Drive
Richmond, VA 23288
804-662-9993 (voice)
804-662-7331 (TTY)
<http://www.cns.state.va.us/atlfa>

The ATLFA makes loans to people with disabilities for equipment and technology that increases independence, quality of life, and employment opportunities. In partnership with Crestar, the fund provides loans with easier approval criteria, more flexible terms, and more favorable interest rates than other loans. Loans not approved by Crestar may qualify for an ATLFA guaranteed loan.

A.V. Mayes Memorial Gift Fund

G.A. Mayes
Belton Hearing Aid Center
700 S. Sycamore Street, Suite 15
Petersburg, VA 23803

Established to help deserving individuals with hearing loss or an institution serving this community. Funds may be used for hearing aids, TTYs and other devices, special tutoring, speech therapy, aural rehabilitation, or medical/surgical procedures. Write to the above address for an application.

Beginnings

3900 Barrett Drive, Suite 100
Raleigh, NC 27609
800-541-4327 (voice/TTY)
919-571-4843 (voice/TTY)

Provides impartial information and referral services to parents of deaf and hard of hearing children in order to help families make their own choice about communication methods.

Better Hearing Institute

5021 B. Backlick Road
Annandale, VA 22003-6043
800-327-9355 (voice/TTY)
703-642-0580
<http://www.betterhearing.org>

Nonprofit educational organization that has developed public information programs on hearing loss. Provides information on topics such as medical techniques, hearing aids and rehabilitation.

Black Deaf Advocates: DC Chapter

PO Box 90666
Washington, DC 20090-0666
Ldunn@gallua.gallaudet.edu

Meetings are held at Kendall Demonstration Elementary school on the Gallaudet University Campus. Everyone is welcome regardless of race, ethnic affiliation, gender, or hearing status. Interpreters are provided.

Camelot Hearing Association

Ray McGrath
1714 Esquire Lane
McLean, VA 22101
703/448-3703 (H)

A parent association for parents whose children are enrolled in Camelot Center, the Fairfax County public school system's oral program.

Children With Disabilities

<http://www.childrenwithdisabilities.ncjrs.org>

This Web site offers families, service providers and other interested persons information about advocacy, education, employment, health, housing, recreation, technical assistance and transportation for many developmental, physical, and emotional disabilities.

Children With Special Health Care Needs Program

Virginia Department of Health
DCAH/CSHCN, Room 137
P. O. Box 2448
Richmond, VA 23218-2448
804-786-3693 (voice)
<http://www.vahealth.org>

Statewide program for children with specialized medical-surgical needs, financed by state and federal funds. Services include: help in obtaining health insurance; help to understand and use health insurance benefits; information and referral to community resources; help in talking with schools, providers, payers and community services; family-to-family support; and, limited funds to pay for certain services not covered by health insurance.

CHIMES (Children with Hearing Impairments in Mainstream Educational Settings)

Irene Schmalz, President
8205 Treebrook Lane
Alexandria, VA 22308
703-765-6928 (H)
703-993-3670 (W)

CHIMES is a support group for parents of children with hearing loss who are mainstreamed or will soon be mainstreamed. Meetings feature guest speakers on various topics.

Cochlear Implant Club International, Inc.

5335 Wisconsin Ave, NW, Suite 440
Washington, DC 20015-2034
202-895-2781 V/TTY
<http://www.cici.org>

Provides information and support to cochlear implant users and their families, professionals, and the public.

Consumer Service Fund

c/o Department of Rehabilitative Services
8004 Franklin Farms Drive
P. O. Box K300
Richmond, VA 23288-0300
800-552-5019

The CSF is a special state fund designed to help people with physical or sensory disabilities access services that cannot be funded through existing programs. This is a "fund of last resort" for people needing to overcome funding and eligibility barriers. Examples include: assistive technology, special equipment, physical restoration services, home or vehicle modifications.

DB-LINK

345 N. Monmouth Avenue
Monmouth, OR 97361
800-438-9376 (voice)
800-854-7013 (TTY)
dblink@tr.wosc.osshe.edu
<http://www.tr.wosc.osshe.edu/dblink>

The National Information Clearinghouse On Children Who Are Deaf-Blind (DB-LINK) is a federally funded information and referral service that identifies, coordinates, and disseminates information related to children and youth who are deaf-blind.

DeafPride

1350 Potomac Avenue, SE
Washington, DC 20003
202-675-6700 (voice/TTY)

Advocates for rights of deaf people and their families.

Dogs for the Deaf, Inc.

10175 Wheeler Road
Central Point, OR 97502
541-826-9220 (voice/TTY)
<http://www.dogsforthedeaf.org>

Rescues and professionally trains dogs to assist people and enhance lives.

Gallaudet University

800 Florida Avenue, NE
Washington, DC 20002
202-651-5000 (voice & TTY)
<http://www.gallaudet.edu>

Ages served: birth through adulthood

A multi-purpose educational institution for persons with hearing loss including Kendall Demonstration Elementary School, the Model Secondary School for the Deaf, Gallaudet University, the Centers for Continuing Education, the National Academy, and a variety of research programs.

Hear Now

9745 E. Hampden Avenue, Suite 300
Denver, CO 80231-4923
800-648-HEAR (voice & TTY)
<http://www.leisurelan.com/~hearnow/>

A nonprofit organization serving clients throughout the United States that is dedicated to making hearing aids and cochlear implants accessible to persons who are deaf and hard of hearing and who have limited financial resources-collects old and used hearing aids for recycling.

John Tracy Clinic

806 West Adams Blvd.
Los Angeles, CA 90007
800-522-4582 (voice & TTY);
213-747-2924 (voice)
213-749-1651 fax
<http://www.johntracyclinic.org>

An educational center for preschool children who are deaf and deaf/blind. Offers free correspondence courses in English and Spanish to parents to help them work with their children at home from infancy to school age. Three-week summer resident programs for parents and children are provided.

Mental Health Services

State Coordinator of Deaf and Hard of Hearing Services
DMHMRSAS
P. O. Box 1797
Richmond, VA 23218-1797
804-786-1587 (V/TTY)

The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) has a statewide program addressing the mental health needs of people who are deaf or hard of hearing, late deafened, or deafblind and their families. The services of skilled counseling, social work, psychology, or psychiatry professional clinicians are available in seven regional programs and two residential programs in Virginia.

Midwest Hearing Industries, Inc.

4510 West 77th Street, Suite 201
Minneapolis, MN 55435
800/821-5471 or 612-835-5242
mwhi@1x.netcom.com

An insurance company that offers protection against loss, theft, and fire for hearing aids. Information can be obtained directly from Midwest or from the hearing aid vendor. Homeowners should check their homeowner's insurance policies to see if hearing aid loss is covered or could become a covered item.

Miracle Ear Children's Foundation

P.O. Box 59261
Minneapolis, MN 55459-0261
800-234-5422 (voice)
<http://www.miracleear.com>

Provides hearing aids to children under 16 years of age who's parents do not qualify for other programs and who's income falls within the foundation's guidelines. Contact the foundation for confidential application.

National Association Of The Deaf

814 Thayer Avenue #302
Silver Spring, MD 20910
301-587-1788 V
301-587-1789 TTY
NADHQ@aol.com
<http://www.nad.org>

Provides consumer advocacy information and support for the Deaf. Public information center, research library, and book store are available.

National Information Center for Children and Youth With Disabilities (NICHCY)

P. O. Box 1492
Washington, DC 20013-1492
800-695-0285
202-884-8200
nichcy@aetd.org
<http://www.nichcy.org>

NICHCY is the national information and referral center that provides information on disabilities and disability-related issues for families, educators and other professionals. Special focus is on children and youth (birth to age 22).

National Institute on Deafness and Communication Disorders - (NIDCD) Information Clearinghouse

1 Communication Avenue
Bethesda, MD 20892-3456
800/241-1044 voice
800/241-1055 TTY
nidcd@nideh.nih.gov <http://www.nih.gov/nidcd/clearing.htm>

Request a free copy of Information Resources for Human Communication Disorders Directory published by the National Institutes of Health. It is a well-organized, useful guide of national organizations that focus on health issues relating to hearing, balance, smell, taste, voice, speech, and language.

National Technical Institute for the Deaf (NTID)

52 Lomb Memorial Drive
Rochester, NY 14623
716-475-6749 (voice)
716-475-6500 fax

NTID is a college of Rochester Institute of Technology and the world's largest technological college for students who are deaf (post-secondary).

Northern Virginia Resource Center for Deaf and Hard of Hearing Persons

10363 Democracy Lane
Fairfax, VA 22030
703-352-9055 voice
703-352-9056 TTY
nvrcinfo@aol.com
<http://www.nvrc.org>

This private, nonprofit center empowers deaf and hard of hearing individuals and their families through education, advocacy, and community involvement. Organization provides access to database on all topics related to deafness, parent resource guide, directory of interpreters, and lending library.

Option Schools

1-877-ORALDEAF
<http://www.oraldeafed.org>

Contact to order a free video about oral deaf education. The film is available in three lengths (10 minute, 20-minutes, and 60-minutes) each geared toward a different audience. The Web site also has information about oral schools in the U.S. and Canada.

Parent-to-Parent

c/o The Arc of Virginia
6 North Sixth Street, #403
Richmond, VA 23219
804-222-1945 (voice)
888-604-2677 (toll free)
PTPofVA@aol.com

Parent to Parent is a parent support network. Veteran parents are trained to mentor parents just learning of their child's diagnosis by offering emotional and information support one-on-one. Currently, Parent to Parent networks exist in 45 states. In Virginia, 26 local Parent to Parent programs serve families in 80 counties and cities.

Paws With A Cause ®

4646 South Division
Wayland, MI 49348
800-253-7297 (voice/TTY)
<http://www.pawswithacause.org>

Trains assistance dogs nationally for people with disabilities and provides lifetime team support that encourages independence; promotes awareness through education.

Parent Educational Advocacy Training Center (PEATC)

6320 Augusta Drive, Suite 1200
Springfield, VA 22150
703-923-0010
800-869-6782 (VA parents)
E-Mail: partners@peatc.org
<http://www.peatc.org>

PEATC promotes partnerships; parents working actively with educators at national, state, and local community levels.

Self Help for Hard of Hearing People, Inc. (SHHH)

7910 Woodmont Avenue, Suite 1200
Bethesda, MD 20814
301-657-2248 (voice)
301-657-2249 (TTY)
<http://www.shhh.org>

An international organization of persons who are hard of hearing, their relatives and friends. SHHH is an educational organization devoted to the welfare and interests of those who cannot hear well but are committed to participating in the hearing world. Publishes a bimonthly journal, *Hearing Loss*. Offers an extensive publication list on subjects related to hearing loss, national conventions, training programs, and information about assistive listening devices.

Supplemental Security Income (SSI) Program

800-772-1213
<http://www.ssa.gov>

A federal needs-based benefit program for children with disabilities. Must meet certain disability criteria to receive benefits that include cash payments and Medicaid eligibility. To apply, contact your local Social Security office or call the toll-free number. Ask for brochure, *Benefits for Children with Disabilities*, Publication # 05-10026.

Tidewater Association for Hearing Impaired Children (TAHIC)

1821 Old Donation Parkway
Virginia Beach, VA 23454
757-481-1826

A regional organization for families, teachers, and professionals. Draws from the Tidewater area: Chesapeake, Portsmouth, Virginia Beach, Norfolk, Hampton, and Newport News.

Virginia Association of the Deaf (VAD)

P. O. Box 692
Merrifield, VA 22116-0692
<http://www.vad.org>

VAD is a nonprofit organization made up of people who are dedicated to the welfare of the deaf and hard of hearing in Virginia.

Virginia Early Intervention Statewide Family Network

Wanda Pruett, Statewide Family Representative

804-649-8481, ext. 304 (voice)
888-604-2677 (toll free)
804-649-3585 fax
wanda@oasionline.com

A statewide family network of parents with children with disabilities. Five regional family representatives are available to help connect parents with local interagency coordinating councils (LICCs). Councils are responsible for creating early intervention systems in its local area. Many councils have family support groups.

Virginia Lions Hearing Foundation & Research Center, Inc

800-251-3627 ext. 4-9805

A service organization that can provide answers to questions about hearing loss and referral to local Lions Clubs for assistance with hearing aid purchase.

NOTES

